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1656\$

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/220398
		Filing Date	December 24, 1998
		First Named Inventor	Peter D. Harney
		Group Art Unit	1656
		Examiner Name	J. Riley
Total Number of Pages in This Submission		Attorney Docket Number	VECT-P02-003

ENCLOSURES (check all that apply)

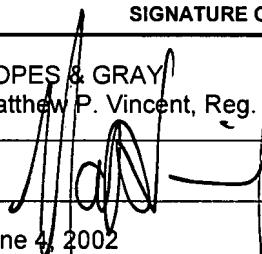
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Postpaid return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	ROPES & GRAY Matthew P. Vincent, Reg. 36,709
Signature	
Date	June 4, 2002

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: June 4, 2002 Signature: Matthew P. Vincent (Matthew P. Vincent)



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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 920.00)

Complete if Known	
Application Number	09/220398
Filing Date	December 24, 1998
First Named Inventor	Peter D. Harney
Examiner Name	Jazia Riley
Group Art Unit	1656
Attorney Docket No.	VECT-P02-003

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account

Deposit Account Number **18-1945**

Deposit Account Name **Ropes & Gray**

The Commissioner is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1) (\$ 0.00)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	<input type="text"/>	<input checked="" type="checkbox"/> x <input type="text"/>	<input type="text"/>
Independent Claims	<input type="text"/>	<input checked="" type="checkbox"/> x <input type="text"/>	<input type="text"/>
Multiple Dependent	<input type="text"/>	<input type="text"/>	<input type="text"/>

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0.00)				

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
105	130	205	65 Surcharge – late filing fee or oath
127	50	227	25 Surcharge – late provisional filing fee or cover sheet.
139	130	139	130 Non-English specification
147	2,520	147	2,520 For filing a request for ex parte reexamination
112	920*	112	920* Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action
115	110	215	55 Extension for reply within first month
116	400	216	200 Extension for reply within second month
117	920	217	460 Extension for reply within third month
118	1,440	218	720 Extension for reply within fourth month
128	1,960	228	980 Extension for reply within fifth month
119	320	219	160 Notice of Appeal
120	320	220	160 Filing a brief in support of an appeal
121	280	221	140 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive – unavoidable
141	1,280	241	640 Petition to revive - unintentional
142	1,280	242	640 Utility issue fee (or reissue)
143	460	243	230 Design issue fee
144	620	244	310 Plant issue fee
122	130	122	130 Petitions to the Commissioner
123	50	123	50 Processing fee under 37 CFR 1.17(q)
126	180	126	180 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per property (times number of properties)
146	740	246	370 Filing a submission after final rejection (37 CFR 1.129(a))
149	740	249	370 For each additional invention to be examined (37 CFR 1.129(b))
179	740	279	370 Request for Continued Examination (RCE)
169	900	169	900 Request for expedited examination of a design application
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 920.00)			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Matthew P. Vincent	Registration No. (Attorney/Agent)	36,709
Signature		Telephone	(617) 951-7739
		Date	June 4, 2002

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